

CALIFORNIA LIQUID WASTE HAULER RECORD
STATE WATER RESOURCES CONTROL BOARD

SFUND RECORDS CTR
999000127

PRODUCER OF LIQUID WASTE

Name (print or type): ALCOA

Pick up Address: 5151 ALCOA AVE. L.A.
(Number) (Street) (City)

Date 10-8-74
Pickup Time 11:00 AM

Type of process which produced wastes: LIQUID WASTE
(Examples: metal plating, equipment cleaning, chemical formulation, etc.)

CHECK TYPE OF LIQUID WASTE:

- Quantity
(Circle one)
gallons or barrels
- | | | |
|------------------------------------|--------------------------|--------------------------|
| 1. Acid Solution | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Alkaline Solution | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Etching Solution | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Spent Plating Solution | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Catalyst | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Brine | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Emulsion | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tetra Ethyl Lead Sludge | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Toxic Tank Bottom Sediment | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Other Toxic Solutions: (Name): | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the described waste was delivered to the licensed hauler named below for legal disposal at the site indicated

PC 473
Signature of Producer or Authorized Agent and Title

HAULER

Name (print or type): ASBURY OIL COMPANY

Business Address: 13419 Halldale Ave. Gardena, Calif. 90249
(Number) (Street) (City)

I certify that the described waste was hauled by me in a vehicle with a valid liquid waste hauler registration certificate to the disposal facility named below and was accepted

State Waste Hauler's Registration No.: 180
Local Business License Truck Tag No. (if applicable): 15693

[Signature]
Signature of Hauler or Authorized Agent and Title

DISPOSAL FACILITY

Name (print or type): W. F. W. INC.

Site Address: 1001 S. 10TH ST.

I certify that the hauler above delivered the described liquid waste to this disposal facility and it was an acceptable material under the terms of the RWQCB Discharge Requirements and local regulations

Site Operator shall indicate identification code for the manner and location of Group 1 Waste Disposal at this Facility: (The listing of identification code is only required for Group 1 Waste Disposal. Instructions on how to specify this code have been forwarded to each Class I and Class II-1 disposal site in California.)

Treatment or Recovery Process _____ Pond _____ Spreading Area _____ Landfill Area _____

IF WASTE IS HELD FOR DISPOSAL ELSEWHERE, SPECIFY FINAL LOCATION _____

[Signature]
Signature of Waste Disposal Facility Operator or Authorized Agent and Title

*FAILURE TO MAINTAIN RECORDS AS REQUIRED BY SECTION 2440 OF CHAPTER 2, TITLE 23 OF THE CALIFORNIA ADMINISTRATIVE CODE, MAY RESULT IN REVOCATION OF REGISTRATION.
IN APPLICABLE AREAS OF LOS ANGELES COUNTY, THE ORIGINAL OF THIS CERTIFICATE MUST BE FORWARDED PROMPTLY TO THE DEPARTMENT OF COUNTY ENGINEER.

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